Royal Commission into Victoria's Mental Health System

ECCV Submission

July 2019

Background

The Ethnic Communities' Council of Victoria Inc. (ECCV) is the voice of multicultural Victoria and the peak policy advocacy body for eight regional ethnic community councils and more than 220 members, including ethnic and multicultural organisations across Victoria since 1974. During this time we have been the link between multicultural communities, government and the wider community.

ECCV is grateful for this opportunity to provide comment to the Victorian Government's Royal Commission into Victoria's Mental Health System. The views presented in this submission are based upon policy analysis, previous ECCV submissions and reports, and consultations with Victorian ethnic and multicultural organisations, peak bodies, community members, government and service providers over the last five years.

ECCV congratulates the Victorian Government on establishing this Royal Commission, which we hope will lead to the implementation of new strategies to support Victorians with mental illness and further raise public awareness of issues around mental health. ECCV would like to draw the Government's attention to the mental health issues that can affect at-risk Victorians, particularly refugees and asylum seekers, and people from culturally and linguistically diverse backgrounds (especially members of new and emerging communities and people lacking English fluency[1]), as well as older Victorians, members of the LGBTIQ community, and Victorians with disability. We believe that the Commission's final report must include recommendations about how Victoria's mental health system can be improved so as to deliver the best mental health outcomes for its diverse population groups.

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[1] Migration Council of Australia, 2015, *The Health Outcomes of Migrants: A Literature Review*

Summary of Recommendations

ECCV provides the Royal Commission with the following policy recommendations to address identified issues and challenges and to deliver better mental health outcomes for Victorians:

1. That the Department of Health and Human Services collaborate with local ethnic community networks to develop education strategies aimed at confronting the stigma of mental illness in CALD communities, and improving knowledge of mental health services.

2. That mental health services are resourced so that their data collection systems can accurately record information about the cultural and linguistic background of service users, and that this data is regularly collected, analysed and published by the Victorian Government.

3. That mental health services are funded and supported to provide culturally responsive services where people of all backgrounds feel safe and recognised.

4. That the Royal Commission makes recommendations to ensure compliance with the requirement that mental health services provide interpreters whenever necessary.

5. That all mental health services use patient record systems that enable and require data to be collected about each patient's preferred language, whether they request the use of an interpreter, and whether or not one is provided.

6. That the Victorian Government provides sufficient funds and support to mainstream health services and specialist refugee health providers to adequately address the mental health needs of refugees and people seeking asylum.

7. That the Department of Health and Human Services provides continued block funding for the Access and Support program, to ensure continuity of care and service availability for senior Victorians.

8. That the Department of Health and Human Services work in collaboration with the National Disability Insurance Agency to improve the accessibility of the NDIS to people experiencing mental health issues.

9. That the Federal and Victorian Government fully realise the NDIA CALD Strategy, including delivering on a measurable and actionable implementation plan in a timely manner.

10. That the Commission examine how the eligibility criteria for carer payments, programs and services be made more appropriate to carers for people with mental illness, and accessible to carers from culturally and linguistically diverse backgrounds.

Responses to Commission's Questions

In making this submission, ECCV has chosen to respond to those of the Commission's questions that we believe are most relevant to the mental health concerns of culturally and linguistically diverse Victorians.

Question 1.   What are your suggestions to improve the Victorian community's understanding of mental illness and reduce stigma and discrimination?

ECCV believes that for Victoria's mental health system to most effectively support the mental health needs of all Victorians, it must be fully responsive to the diversity of Victorian society. In particular, practices in the mental health sector must be informed by knowledge of the different understandings and cultural norms around mental health in Victoria's culturally and linguistically diverse (CALD) communities.

This is a matter that has been a recurrent theme in ECCV's consultations with culturally diverse community members and organisations. In 2018 ECCV consulted extensively with people from refugee and asylum seeker backgrounds about the factors that facilitate and hinder the mental health and wellbeing of them and their communities. Many responses highlighted the very different perception of what constitutes mental health and wellbeing in different communities. One respondent noted, of members of her own community:

> "*Their understanding about [Western] mental health and services is limited. They can't quite explain their issues. Even if they go to a mental health service they can't properly explain what they are going through.*"[2]

Similarly, Mental Health in Multicultural Australia's *Framework for Mental Health in Multicultural Australia* notes that:

> "*Understanding mental illness as a health problem that requires medical treatment is a western concept that can seem strange or even threatening to some people from culturally and linguistically diverse (CALD) backgrounds.*"[3]

Stigma and shame around mental illness are prevalent to an extent in all parts of society, but there are some communities in which they are significant enough to keep mental illness very much a hidden phenomenon. ECCV has noted through its various engagements that in some communities there is not an understanding that illnesses of the mind occur and can be treated in much the same way or physical health problems.

ECCV believes that the stigma around mental illness in some communities is a clear factor in differential treatment received by community members, it is therefore best understood as a form of discrimination. Highlighting the discriminatory nature of mental health stigma is likely to be an

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[2] Ethnic Communities' Council of Victoria, 2018, *'Falling through the Cracks' Community Perspectives on Asylum Seeker and Refugee Mental Health*, p.9

[3] Mental Health in Multicultural Australia, 2014, *Framework for Mental Health in Multicultural Australia*, pp.26-7

effective way of helping culturally diverse communities to understand that it is not an acceptable mindset.

Recommendation 1:

That the Department of Health and Human Services collaborate with local ethnic community networks to develop education strategies aimed at confronting the stigma of mental illness in CALD communities, and improving knowledge of mental health services.

It can be difficult to judge the extent to which varying cultural norms and understandings act as a barrier to accessing the mental health system by culturally and linguistically diverse community members. One of ECCV's chief concerns is that there is currently not a comprehensive set of data illustrating the incidence of mental illness amongst culturally and linguistically diverse Victorians, nor of the extent to which culturally diverse community members access mental health services. ECCV is pleased that Item 2.5 of the Commission's Terms of Reference requires it to report on "*how to deliver… improved data collection and research strategies…*" We hope that the Royal Commission will make it a priority to gather more data about CALD engagement with the mental health system, such as determining the proportion of mental health service consumers who are not fluent in English.

However there is sufficient data to demonstrate that Victorians from immigrant backgrounds access mental health services at lower rates than the Victorian-born population.[4] Available data also shows that culturally diverse Victorians are overrepresented in involuntary hospital admissions and acute inpatient units, and it is likely that the underutilisation of mental health services is at least partly responsible for this, as contact with the system does not occur until a crisis point is reached.[5] International research indicates that rates of mental illness tend to be quite variable across immigrant and refugee populations, but are on average at least as high, and often somewhat higher than in host communities.[6]

Data collection systems used by mental health providers are often not tailored to capture information about the cultural and linguistic background of service users. ECCV believes that resourcing providers so that they can easily and accurately capture this information should be a priority for the Victorian Government.

Recommendation 2:

That mental health services are resourced so that their data collection systems can accurately record information about the cultural and linguistic background of service users, and that this data is regularly collected, analysed and published by the Victorian Government.

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[4] Mental Health in Multicultural Australia, 2014, *Framework for Mental Health in Multicultural Australia*, p.7

[5] Ibid.

[6] See e.g. Stolk, Y., Minas, I.H. & Klimidis, S., 2008, *Access to mental health services in Victoria: A focus on ethnic communities* and *World Health Organisation Regional Office for Europe, Migrant populations, including children, at higher risk of mental health disorders* [Accessed 5 July 2019]

Question 4. What makes it hard for people to experience good mental health and what can be done to improve this? This may include how people find, access and experience mental health treatment and support and how services link with each other.

As already mentioned, stigma, shame and differing understandings of mental health in culturally and linguistically diverse communities present a significant barrier to many individuals seeking treatment and assistance to deal with mental health issues.

Culturally Appropriate Care

When engagement with the mental health system does occur, many service providers are not able to provide care that is culturally appropriate to their consumers. ECCV considers it vital that mental health services and their workforces operate from a position that is culturally informed and responsive to the needs of diverse consumers. This will require investment in recruiting, training and retaining culturally diverse professionals, as well as standards to assist services to incorporate culturally responsive practices into all aspects of mental health assessment and support.

The nature of the migrant experience means that the mental health issues experienced by many CALD community members may have their own unique characteristics. This is particular the case for migrants who have entered Australia through humanitarian stream (that is, refugees and people seeking asylum), whose mental health issues are often trauma-affected or induced. Recovery support for people who have experienced trauma is different from conventional support and requires trained specialists. ECCV hopes that the Commission will consider how to ensure that Victoria's mental health system is both culturally responsive and trauma-informed in its service provision.

Recommendation 3:

That mental health services are funded and supported to provide culturally responsive services where people of all backgrounds feel safe and recognised.

Interpreting

ECCV believes that another significant barrier to positive mental health outcomes for culturally diverse Victorians is the lack of accredited interpreting services. In 2017 ECCV published a discussion paper called *"Our Stories, Our Voices": Culturally diverse consumer perspectives on the role of accredited interpreters in Victoria's health services*.[7] After widespread consultations with a diverse range of community representatives, ECCV was able to voice the concerns of many CALD community members that were unable to communicate properly with health professionals, and that were unaware of the importance of using accredited interpreters.

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[7] Ethnic Communities' Council of Victoria, 2017, *"Our Stories, Our Voices": Culturally diverse consumer perspectives on the role of accredited interpreters in Victoria's health services*

A language barrier to effective communication between consumers and healthcare professionals is a serious risk to effective care, and can inhibit the ability of consumers to communicate their needs and make informed decisions about their health choices. ECCV's research has confirmed the perception that when professional interpreters are not available, consumers not fluent in English often rely on family members or friends to provide interpretation.[8]

This practice has clear risks of miscommunication, and some patients may be unwilling to fully open up about their mental health issues in the presence of family members. Reliance on family can also be problematic because family relationships may be a cause of poor mental health in the first place (such as in cases of intergenerational conflict, separation and domestic violence). It is a practice that greatly increases the likelihood of adverse health outcomes.

In Victoria, the Department of Health and Humans Services' *Language Services Policy* outlines the circumstances in which interpreters are required to be provided by health and human services providers. This includes the requirement that

> "*The department and its funded organisations have a duty to provide language services appropriate to a person's needs. The duty of care may be breached if a staff member unreasonably fails to provide, or does not ensure appropriate access to, language services.*" [9]

This requirement is in line Standard 3 of the Victorian Government's *Cultural responsiveness framework: Guidelines for Victorian health services*, which requires that "Accredited interpreters are provided to patients who require one".[10]

There is considerable evidence from various sources that health services often do not comply with the requirement to assess each consumer's need for an interpreter and provide one when necessary.[11] However there is also insufficient data to determine the exact extent of assessment, requests for, and provision of accredited interpreter services, and ECCV asks that the Commission make recommendations to address this gap.

We believe that all hospitals and medical clinics should use patient record systems that require straightforward information to be entered about interpreters – for example, each system could simply have fields asking "Interpreter Request Y/N" and "Interpreter Provided Y/N". This would provide clear data about levels of compliance for the requirement of interpreter provision. Taken in conjunction with Recommendation 2 (for mandatory collection of data about patients from CALD backgrounds), this would provide a clear picture about the extent to which interpreters are both requested and provided to those who would require them.

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[8] Ibid, p.13

[9] Department of Health and Human Services, 2017, *Language Services Policy*, p10.

[10] Department of Health, 2009, *Cultural responsiveness framework: Guidelines for Victorian health services*, p19.

[11] See e.g. Stolk et al, 2008, *Access to mental health services in Victoria: A focus on ethnic communities* and Victorian Foundation for the Survivors of Torture, 2013, *Promoting the engagement of interpreters in Victorian health services*

Recommendation 4:

That the Royal Commission makes recommendations to ensure compliance with the requirement that mental health services provide interpreters whenever necessary.

Recommendation 5:

That all mental health services use patient record systems that enable and require data to be collected about each patient's preferred language, whether they request the use of an interpreter, and whether or not one is provided.

It is important that clinicians also understand the risks involved with trying to communicate with consumers not fluent in English without the assistance of accredited interpreters, and are willing to ensure their use when appropriate. The Commission must also be cognizant that interpreters are largely a subcontracted workforce, and that ECCV is aware that interpreters are sometimes unwilling to provide their services for mental health consultations. Anecdotal evidence suggests that interpreters sometimes find the medical language complex to translate and the content distressing, particularly when there are personal traumas involved. It is important therefore to provide specialised training on mental health for interpreters, and brief them about how to manage their own self-care, and to provide opportunities for debriefing when it is desired.

ECCV's community consultations have also revealed the need for more mental health literature and documentation to be translated into community languages, especially those of new and emerging communities, who are generally most in need of support with their health literacy and understanding of the Victorian mental health system. ECCV is also concerned about the risks inherent if health service providers are not resourced to provide discharge papers and instructions for medication in language.

Question 5. What are the drivers behind some communities in Victoria experiencing poorer mental health outcomes and what needs to be done to address this?

Stigma, Isolation and Discrimination

Some of the mental health concerns that particularly affect Victorians from culturally and linguistically diverse backgrounds, such as stigma and discrimination, have been explored in the response to Question 1.

ECCV's community consultations have also brought to light how the relative isolation of certain communities, and of individual community members, can lead to poor mental health outcomes. In some CALD communities there is not always an awareness of the extent of mental health services that are available. One respondent to ECCV's consultations on refugee mental health noted that:

"Many women don't know that there are services specifically for women. They can't attend awareness sessions about women's health as many just don't know about them. It's about marketing and advertising the service and promoting the service among different communities. It's really important."[12]

The lived experience of people from migrant backgrounds in Australia can also have repercussions for their mental health. Racism remains a part of the everyday experience of far too many Victorians, and has a particularly profound impact on some newer migrant groups such as Muslim-Australians and African-Australians. Negative media portrayals and vilifying statements by some public figures and politicians also contribute to feelings of victimisation and isolation.

Stigma, social isolation and social disconnection, and the experience of racism and discrimination, are all social determinants of poor mental health that are experienced in varying degrees and combinations by culturally and linguistically diverse Australians. A properly responsive mental health system will have the flexibility and workforce proficiency to respond appropriately to consumers with these lived experiences.

Effects of the Migration Process

As outlined earlier, evidence from overseas suggests that rates of mental illness may be higher in immigrant and refugee populations than in host communities. Another significant causal factor of this is likely to be the stresses caused by the migration and settlement process. Most migrants to Australia have to navigate a complex migration process that involves time on a temporary visa, and uncertainties at various stages about whether they meet eligibility criteria for permanent residency and citizenship. This can be a trigger for stress and anxiety and occurs at a time when migrants are generally not eligible for Medicare-subsidised health services.

Refugees and Asylum Seekers

The mental health effects of the migration process and experience are particularly significant for people who have arrived in Australia as humanitarian entrants. ECCV's *Falling Through the Cracks* looked at the multi-faceted causes of mental ill-health amongst the Victorian refugee and asylum seeker population, and at the gaps that they face when accessing health and settlement services. Refugees and people seeking asylum face many of the barriers that have already been mentioned, but these are often exacerbated by the long and uncertain time spent waiting for asylum claims to be processed, and now by the continued uncertainty that arises from living on a Temporary Protection Visa (TPV) or Safe Haven Enterprise Visa (SHEV).

Australia's increasingly punitive approach to community-based asylum seekers has also severely limited their access to torture and trauma counselling, and the removal of access to family reunions has had a demoralising effect on mental health. Many asylum seekers have in the last year been removed from the minimal support that they received through Status Resolution Support Services (SRSS), and therefore are now at high risk of poverty and homelessness.

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[12] Ethnic Communities' Council of Victoria, 2018, *'Falling through the Cracks' Community Perspectives on Asylum Seeker and Refugee Mental Health*, p.12

All this is in addition to the often highly traumatic pre-migration experiences of many refugees and asylum seekers, the effects of which can often re-surface at times of stress later in life. ECCV therefore hopes that the Royal Commission will include special consideration of refugees and asylum seekers as one of the most vulnerable groups in Victorian society.

Recommendation 6:

That the Victorian Government provides sufficient funds and support to mainstream health services and specialist refugee health providers to adequately address the mental health needs of refugees and people seeking asylum.

Seniors and People with Disabilities

Older Victorians from culturally and linguistically diverse backgrounds also face particular issues with regards to mental health that ECCV believes must be carefully examined. These stem especially from the increased levels of isolation that older people from non-English speaking backgrounds often experience. Isolation of seniors is becoming a concerning trend, particularly in an increasingly digital world in which many older people lack the skills to participate. There are also mental health problems that particularly affect seniors, such as dementia and Alzheimer's, for which culturally appropriate care and professional interpreting services are crucial but often unavailable.

ECCV's work on ageing in multicultural communities indicates that many seniors live with mental health problems for years without any support beyond that provided by their families.[13] Aged care workers often lack both the mental health training and the cultural responsiveness to recognise and respond to mental illness. ECCV acknowledges that Victoria provides a high level of assistance to older people with physical and mental health issues to access support services through its network of Access and Support Workers. However we believe that there is much room for improvement in the services themselves.

Recommendation 7:

That the Department of Health and Human Services provides continued block funding for the Access and Support program, to ensure continuity of care and service availability for senior Victorians.

The Victorian Government's recent Royal Commission into Family Violence also identified elder abuse as a major area of concern for the mental wellbeing of older Victorians.[14] Organisations such as the National Ageing Research Institute and Seniors Rights Victoria have been at the forefront of developing strategies to combat elder abuse[15], but ECCV would like the Royal Commission to further

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[13] Ethnic Communities' Council of Victoria, 2011, *A Better Way: Mental Health and Aged Care – A Multicultural Perspective*

[14] Victorian Government, 2016, *Royal Commission into Family Violence: Summary and recommendations*, p.128

[15] National Ageing Research Institute, 2018, *Elder Abuse Community Action Plan for Victoria*

examine how mental health services can best support seniors who have experienced abuse, as well as looking at how to raise awareness and tackle the issue in culturally diverse communities.

ECCV provides support to culturally diverse Victorians to access the National Disability Insurance Scheme (NDIS), and for multicultural and ethno-specific organisations to become NDIS service providers. These projects have highlighted to us the difficulties that people experiencing mental health issues often face in accessing the NDIS. Chief among these is the requirement that to be eligible for the NDIS, an individual must have a "permanent impairment" or one that is likely to be permanent.[16] This is often not the case for mental health conditions, which tend to be episodic in nature, and while they may be completely disabling during acute periods, can be limited in their effects at other times.

Accessing and planning for the NDIS is also a complex process that can be overwhelming for people with mental illness, especially if they are also vulnerable for reasons such as social isolation, lack of English fluency, or not having family to advocate on their behalf.

NDIS access barriers that are particularly relevant to culturally and linguistically diverse Victorians include language difficulties, lack of plain language translation of NDIS materials, and lack of interpreters with disability awareness and NDIS literacy. The NDIS eligibility criteria and requirements are also difficult concepts for some people from CALD backgrounds to fully understand. As with other aspects of mental health service provision, ECCV believes that NDIS providers should be encouraged and assisted to employ a more culturally diverse workforce.

Recommendation 8:

That the Department of Health and Human Services work in collaboration with the National Disability Insurance Agency to improve the accessibility of the NDIS to people experiencing mental health issues.

Recommendation 9:

That the Federal and Victorian Government fully realise the NDIA CALD Strategy, including delivering on a measurable and actionable implementation plan in a timely manner.

Question 6. What are the needs of family members and carers and what can be done better to support them?

Responses to mental illness vary across communities, but in general in CALD communities family members and carers play a particularly important role in care provision. There are various reasons for this, including the underutilisation of mental health services by people from CALD backgrounds, their relative isolation from mainstream society, and the collectivist nature of many cultural groups, in which intra-group care is the norm.

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[16] Mental Health Australia, 2014, *Getting the NDIS right for people with psychosocial disability* [Accessed 24 January 2019]

Care from family and community members for people experiencing mental illness is important for their wellbeing and recovery, but not at the expense of clinical expertise, treatment and counselling. ECCV emphasises that families, regardless of background, should not be expected to have the knowledge to understand mental illness, nor the resources to care for people who are experiencing it, without proper support.

It is important to appreciate that that the role of carer, as understood in mainstream society and defined by legislation, is an unfamiliar concept in some cultures.[17] It is likely therefore that a significant amount of caring (for people experiencing mental or physical health issues) in CALD communities goes unrecognised, with the consequence that there are people who are unaware of their eligibility for support such as Carer Allowance and Carer Directed Respite Care.[18]

ECCV also hopes that the Commission will consider how to make Carer Payment and Carer Allowance more accessible for carers for people with mental illness. Several community organisations have reported to ECCV that the application and assessment process for Carer Payment and Carer Allowance are biased toward the caring role of carers of people with physical disabilities. The criteria used to assess eligibility for these payments through the Adult Disability Assessment Tool (ADAT) do not accurately reflect the nature mental health support and supervision performed by carers.[19] This compounds the difficulties experienced by people from CALD backgrounds in having their caring roles properly recognised and financially compensated.

Recommendation 10:

That the Commission examine how the eligibility criteria for carer payments, programs and services be made more appropriate to carers for people with mental illness, and accessible to carers from culturally and linguistically diverse backgrounds.

Question 7. What can be done to attract, retain and better support the mental health workforce, including peer support workers?

ECCV's main priorities with regards to Victoria's mental health workforce have been covered in our response to Question 4. We hope that the Commission will make recommendations with regards to investment in culturally diverse professionals, including bilingual and bicultural support workers, to better support the needs of CALD community members living with mental illness.

All members of Victoria's mental health workforce must be familiar with cultural understandings of mental health and responsive to these. ECCV believes that clinical and other training programs should incorporate culturally responsive practices, to ensure that all mental health workers in the state have the necessary skills to work with and support Victoria's culturally diverse population.

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[17] Mental Health in Multicultural Australia, 2014, *Framework for Mental Health in Multicultural Australia*, p.35

[18] Carers Victoria, 2013, *Invisible care: Access to Carer Payment and Carer Allowance by Victorian carers of a person with a mental illness*, pp.57-8

[19] Ibid, pp.8-9

Conclusion

ECCV commends the Victorian Government for establishing this Royal Commission as part of its ongoing efforts to improve mental health outcomes across the Victorian population. ECCV believes that well-informed changes can lead to positive improvements in the delivery of mental health services in Victoria, and considers that the needs of consumers from culturally and linguistically diverse backgrounds can be successfully met with sufficient care and consideration. These needs will be most likely to be fulfilled by prioritising the collection of more detailed data about the cultural and linguistic backgrounds of people accessing mental health services, which can then be used as evidence to build a culturally-informed workforce and services.

A culturally-informed mental health system will help to combat stigma around mental illness; be cognizant of different cultural understandings of mental health; recognise the critical role played by interpreters; be responsive to the particular needs of refugees, people seeking asylum, and seniors from CALD backgrounds; and help facilitate improved access for culturally diverse people with disability to the NDIS.

ECCV thanks the Royal Commission for considering its recommendations, and looks forward to continuing to work with the Government to ensure that Victoria has a mental health system that provides the best possible care for its culturally and linguistically diverse communities.

Acknowledgments

ECCV would like to acknowledge and thank the following organisations for contributing their time and expertise to inform this policy submission:

- Victorian Foundation for Survivors of Torture (Foundation House)
- Mental Health Victoria
- Victorian Transcultural Mental Health
- Centre for Culture, Ethnicity and Health
- Commissioner for Senior Victorians

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